

121 000 396 497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

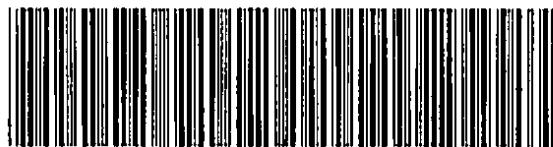
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Washington, D.C.

A. RIVERS

DEC - 6 2021

COVER LETTER

TO: Registration Section
Division of Corporations
Iannarelli Accounting, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Iannarelli

Name of Person

Family Financial Accounting Services, LLC

Firm/Company

616 Headwaters Lane

Address

Saint Augustine, FL 32092

City/State and Zip Code

Efaservices@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Iannarelli

386

316-7763

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Chris Iannarelli	616 Headwaters Lane	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lesley Iannarelli	616 Headwaters Lane	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Snyder	616 Headwaters Lane	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee